



FORM CF004

FOR USA RESIDENTS

**INCOME STABILIZATION FUND
COLLECTION OF DIRECT DEPOSIT INFORMATION**

Please provide the following personal information and attach a VOID check.

I (we) authorize Chippewas of the Thames First Nation hereafter called "COTTFN", to initiate credit entries to my (our) checking account indicated below and the institution named below, hereinafter called "Institution", to deposit to the same such account. I (we) further authorize "COTTFN" to initiate debits to my (our) account to correct any errors, and "Institution" to initiate any such corrections to my (our) account. This authority is to remain in full force and effect until "COTTFN" and "Institution" has received written notification from me (or either of us) of its termination in such time and in such manner as to afford "COTTFN" and "Institution" a reasonable opportunity to act on it prior to depositing to the account.

Name of Account Holder:			
Address:			
Band Number:		Date of Birth:	
Phone Number(s):			
Next of Kin & Phone Number:			
Financial Institution Name:		Account #:	
Financial Institution Transit ABA: (9 digits maximum)		Financial Institution Phone Number:	
Financial Institution Address:			

I am the Account Holder noted above and I confirm that all information provided above is complete, accurate and up-to-date.

Signature: _____ **Date:** _____
(mm/dd/yyyy)

Name: _____

COMPLETE THIS FORM AND RETURN ALONG WITH A VOID CHECK TO (You may scan or photocopy and fax/email a copy of void cheque)	
Nichole Doxtator Chippewas of the Thames First Nation 320 Chippewa Road, Muncey, ON N0L 1Y0	email: ndoxtator@cottfn.com fax: 1-519-289-2230
THIS FORM MUST BE COMPLETED AND RETURNED BY THE 1ST OF THE MONTH TO RECIEVE YOUR PAYMENT(S) IN A TIMELY MANNER	